

Nursing Audit Checklist

26 Apr 2023 / Joan Florence					Complete
Score	0%	Flagged items	2	Actions	1
Audit on				26	.04.2023 10:30 PST
Prepared by					Joan Florence
Location					an Ave South Gate, 0280, United States
Room/Unit #					Burn unit
Admissions date					22.04.2023

Flagged items & Actions

Flagged items

Nursing Audit / Medical Record

Proper evaluation dates and follow-ups.

Found that patient should have been re-evaluated this morning but the appointment was missed. Assigned Head Nurse Minni to address this miss.

To Do Assignee SafetyCulture Staff Priority Low Due 03.05.2023 10:35 PST Cr	reated by S
afetyCulture Staff	-

Evaluation

Nursing Audit / Special Needs

Water at bedside.

Patient complained that the bedside water has not been replaced since last night.

Other actions

0 actions

2 flagged, 1 action

2 flagged, 1 action

No

No

Nursing Audit

Medical Record

1 flagged, 1 action

2 flagged, 1 action

Admission assessment is fully completed, signed by RN (co-sign).	Yes
All other assessments done: pain, fall, skin, etc.	Yes
Treatment admin. records signed for.	Yes
Medication admin. records (MAR) signed.	Yes
Immunizations documented properly/done.	Yes
Weights charted monthly per order.	Yes

Does the documentation demonstrate:

• Skilled observation and monitoring	Yes
• Assessment	Yes
• Progress notes	Yes
• Other	No

Is the care plan:

Accurate and up to date?	Yes
Measurable goals?	Yes
Relevant problems?	Yes
Specific problems or potential problems identified and planned interventions identified?	Yes

Indication of daily or more frequent monitoring of vital signs, lung sounds, bowel sounds, skin condition, nutritional status, hydration, mental status, and mobility as it relates to instability or possible changes in condition to help identify if changes in nursing care are indicated.

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No

Evaluation	
Proper signatures on care plan.	Yes
Care planning reflects MDS and other assessments.	Yes
Evidence of teaching, training, and outcomes clearly noted.	Yes

Special Needs

Thickened liquids/dysphagia

Proper notation by the door (if permitted by state); proper protocol followed.	Yes
Water at bedside.	No

Patient complained that the bedside water has not been replaced since last night.

Fall risks

Fall risk evident.	No
Care planned.	Yes

Wounds

Wound care protocol followed/proper forms completed.	Yes
Care planned.	Yes

Pain management

Protocol/forms followed (assessment and outcome).	Yes
Care planned.	Yes
MAR completed.	Yes
Initial and ongoing pain assessments done.	Yes

Equipment in room

Respiratory, feeding pump equipment labeled/tagged.	Yes
IVs dated, labeled.	Yes
Wound dressings, IV site dated and signed.	Yes

Resident appearance

1 flagged

Properly positioned. WC, bed.	Yes
Appears clean, appropriate dress.	Yes
Any complaints/concerns.	Yes

Complained about the water but aside from that, patient says nurses have been very helpful making everything easy and comfortable.

Completion

Comments/Suggestions

Despite the water from last evening and the missed re-assessment this morning, patient says he is satisfied with the care he is being provided and that his needs are attended well.

Auditor name and signature

Joan Florence 26.04.2023 10:37 PST